



CERTIFICATE OF MAILING

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450**

on 04/28/06

Marianne Boland
Marianne Boland

In Re Application of:

Ramachandran, et al.

Serial No.: **10/696,626**

Filed: **October 29, 2003**

Confirmation No.: **5553**

Group Art Unit: **2634**

Examiner: **Wong, Linda**

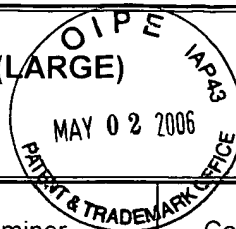
Skyworks Docket No. **03SKY0003**
TKHR Docket No. **051933-1110**

For: **Multi-Mode Receiver**

The following is a list of documents enclosed:

- Return Postcard
- Amendment Transmittal Letter
- Request For Continued Examination (RCE) Transmittal
- Petition For Extension of Time (1 Month)
- Fee Transmittal
- Credit Card Payment Form in the amount of \$910.00
- Submission To Accompany A Request For Continued Examination (RCE)

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.

AMENDMENT TRANSMITTAL LETTER (LARGE)Applicant(s): **Ramachandran, et al.**Skyworks Docket No. **03SKY0003**
TKHR Docket No. **051933-1110**Serial No.
10/696,626Filing Date
October 29, 2003Examiner
Wong, LindaConfirmation No.
5553Group Art Unit
2634Invention: **Multi-Mode Receiver****Commissioner for Patents**
Mail Stop RCE
P.O. Box 1450
Alexandria VA 22313-1450

Transmitted herewith is a Request For Continued Examination and a Submission To Accompany A Request For Continued Examination (RCE) in the above-identified application.

The fee has been calculated and is transmitted as shown below

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	33 -	33 =	0	X \$50.00	\$0.00
INDEP. CLAIMS	4 -	4 =	0	X \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				\$360.00	\$0.00
EXTENSION FEE	1 ST MONTH <input checked="" type="checkbox"/> \$120.00	2 ND MONTH <input type="checkbox"/> \$450.00	3 RD MONTH <input type="checkbox"/> \$1,020.00	4 TH MONTH <input type="checkbox"/> \$1,590.00	\$120.00
Other Fees: Request For Continued Examination (RCE)					\$790.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$910.00

- ☐ No additional fee is required.
- ☐ Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this page is enclosed.
- ☐ A check in the amount of _____ to cover the filing fee is enclosed.
- ☒ A Credit Card Payment Form PTO-2038 is attached in the amount of \$910.00.
- ☒ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.



David Rodack, Reg. No. 47,0344-28-06

Date

Effective on 12/08/2004

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2006**Complete if Known**

Application Number	10/696,626
Filing Date	October 29, 2003
First Named Inventor	Ramachandran
Examiner Name	Wong, Linda
Art Unit	2634
Attorney Docket No.	051933-1110

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$910.00)**METHOD OF PAYMENT** (check all that apply)

- ☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):
- ☐ Deposit Account Deposit Account Number: **20-0778** Deposit Account Name: **Thomas, Kayden, Horstemeyer Risley, L.L.P.**
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments
- under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	Filing Fees		Search Fees		Examination Fees		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	0
Plant	200	100	300	150	160	80	0
Reissue	300	150	500	250	600	300	0
Provisional	200	100	0	0	0	0	0

2. EXCESSIVE CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
-20 or HP =		0	0		0	0

HP = highest number of total claims paid for, if great than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
-3 or HP =		0	0

HP = highest number of total claims paid for, if great than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 USC 41(a)(1)(G) and 37 CFR 1.16(s)

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100 =	/50=	(round up to a whole number) x	0 =	0

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Request For Continued Examination (RCE) and One Month Extension of Time

Fee Paid (\$)
0
\$910.00

SUBMITTED BY

Complete (if applicable)

Signature

Registration No. **47,034**Telephone Number
770-933-9500

Name: (Print/Type)

David Rodack

Date:

4-28-06

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to the (and by the USPTO to process) and application. Confidentiality is governed by 35 USC 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. Send to Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2